

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Hitoshii IKEYA et al

Art Unit: 1625

Application No.: 10/591,653

Confirmation No.: 3131

Examiner: David E. Gallis

I.A. Application No.: PCT/JP2005/003739

I.A. Filing Date: 03/04/2005

Washington, D.C.

§371 Date: 09/05/2006

Atty.'s Docket: IKEYA=1

For: HYALURONIC ACID-METHOTREXATE CONJUGATE

Date: October 29, 2009

U.S. Patent and Trademark Office
Customer Service Window

Randolph Building, Mail Stop Amendment
401 Dulany Street
Alexandria, VA 22314

Sir:

Transmitted herewith is [] a REPLY TO RESTRICTION REQUIREMENT in the above-identified application.

[] Small Entity Status: Applicant(s) claim small entity status. See 37 C.F.R. §1.27.
 [] **No additional fee is required.**
 [] The fee has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA EQUALS
TOTAL		MINUS	20
INDEP.		MINUS	3
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			
			0

ADDITIONAL FEE TOTAL \$

SMALL ENTITY	
RATE	ADDITIONAL FEE
x 26	\$
x 110	\$

OR

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
x 52	\$
x 220	\$

OR

TOTAL \$

The "Highest Number Previously Paid For" (total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment of the number of claims originally filed.

[] Conditional Petition for Extension of Time
 If any extension of time for a response is required, applicant requests that this be considered a petition therefor.

[] It is hereby petitioned for an extension of time in accordance with 37 CFR 1.136(a). The appropriate fee required by 37 CFR 1.17 is calculated as shown below:

· Small Entity

Response Filed Within

[] First - \$ 65.00
 [] Second - \$ 245.00
 [] Third - \$ 555.00
 [] Fourth - \$ 865.00

Month After Time Period Set

Other Than Small Entity

Response Filed Within

[] First - \$ 130.00
 [] Second - \$ 490.00
 [] Third - \$ 1110.00
 [] Fourth - \$ 1730.00

Month After Time Period Set

[] Less fees (\$ _____) already paid for _____ month(s) extension of time on _____.

[] Please charge my Deposit Account No. 02-4035 in the amount of \$ _____.

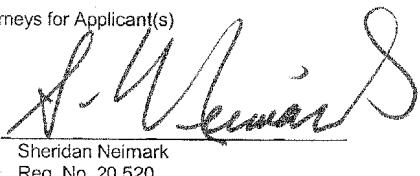
[] Payment in the amount of \$ _____ will be made using the on-line filing system.

[] A check in the amount of \$ _____ is attached (check no. _____).

[] The Commissioner is hereby authorized and requested to charge any additional fees which may be required in connection with this application or credit any overpayment to Deposit Account No. 02-4035. This authorization and request is not limited to payment of all fees associated with this communication, including any Extension of Time fee, not covered by check or specific authorization, but is also intended to include all fees for the presentation of extra claims under 37 CFR §1.16 and all patent processing fees under 37 CFR §1.17 throughout the prosecution of the case. This blanket authorization does not include patent issue fees under 37 CFR §1.18.

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